Working Together to Support Health Equity: Ensuring Inclusion of LGBTQ Communities

Heather Walter-McCabe, JD, MSW
Associate Professor, Wayne State University
Joint Appointment, Law School and School of Social Work
hwaltermccabe@wayne.edu
Why are we discussing LGBTQ Communities?

• Multiple health disparities – both in access and in culturally competent care

• Discrimination and Stigma creating conditions impacting:
  • Socioeconomic Status
  • Housing Access
  • Risk for violence death, physical and sexual assault, and abuse
  • Increased risk of suicide attempts, 2-3 times the general population for LGB populations & 9 times for transgender populations
  • Low rates of access to health care coverage
  • Increased rates of HIV – and the corresponding need to access medication in a disaster
LGBTQ Disparities of Importance in Climate Change

• Disproportionate Poverty Rate when compared to the general population, which increases when the person is a member of other marginalized groups.

• Disproportionate rates of homelessness and housing instability

• Disproportionately experience violence – particularly transgender individuals. Black trans women are especially at risk.

• Elderly LGBT individuals face increased risk of isolation and a lack of social services and culturally competent providers. This may make them harder to find in an emergency.

• Early studies show that LGBTQ communities are at increased risk for harms from hazardous air pollution, but also find that there is a lack of research into the harms from climate change experienced by this population.
Housing Access and Homelessness as an Example of Impact

- LGBTQ youth represent 40% of homeless youth
- LGBTQ adults are also disproportionately experiencing homelessness and housing stability
- When seeking services, LGBTQ people are more at risk for:
  - Experiencing violence and abuse
  - Experiencing exploitation
  - Experiencing discrimination while in service
- Transgender youth and adults have additional risks
  - Increased risk of violence and abuse
  - Exclusion from shelters
  - Inappropriate care (not congruent with their gender) provided when available
“Preparedness planners often discuss and think about vulnerable populations like seniors, people with disabilities, or people with limited English proficiency, and the planning concerns that need to be considered in order to inclusively plan for the needs of the whole community. Considerations for the LGBT+ community often haven’t been included in these plans, even though LGBT+ people may be particularly vulnerable following a disaster.”

Leighton Jones, Emergency Preparedness Research, Evaluation & Practice (EPREP) Program Senior Program Manager at Harvard T.H. Chan School of Public Health
https://www.hstoday.us/subject-matter-areas/emergency-preparedness/how-to-include-the-lgbt-community-in-disaster-preparedness/
Specific Concerns

- LGBTQ populations experience the same disproportionate harms as other communities disparately harmed by climate change but are not often discussed.

- Shelters and emergency responders are often not trained in the specific needs and culture of LGBTQ communities.

- Transgender people are at particular risk – shelters which are separated by gender often have no training in culturally competent care. Bathrooms are often gendered and in some localities there are no protections for use of the bathroom that conforms to the persons gender identity.

- A recent systemic analysis of published studies on the risk of gender-based violence impacted by disasters caused by climate change found evidence that LGBTQ populations are disparately impacted, but as with other studies suggested additional research is needed.
Case Example – Hurricane Katrina

- Gay community was blamed by a religious leader with a large following for the hurricane
- Same-sex couples (pre-overturning DOMA and changes to the interpretation of protections in Section 308 of the Stafford Act) were denied benefits through FEMA
- Transgender people experienced threats in shelters or were simply denied services
- LGBTQ people experience violence in shelters based on their LGBTQ status
Issues of Specific Concern for People who are Transgender, Nonbinary, or otherwise Gender Diverse

• Medical
  • Some, though not all, transgender people require hormones as a part of their care. This can involve the need to access clean syringes and access to medications which are scheduled drugs, making having a 30 day supply for emergencies difficult.
  • Some transgender people require items like binders or dilators. If these are lost in an emergency situation, it is critical that providers understand the importance of these items and not minimize the need

• Legal
  • Some transgender people have identification documents that do not comport with their gender identity and/or presentation. Those working in emergency situations need to understand the issue and work with them regardless of documentation.
  • If groups are working with this population for preparedness, it is recommended they get documentation from their physician. Workers on the ground can help facilitate this process.

Adapted From National Center for Transgender Equality
https://transequality.org/issues/resources/hurricane-preparedness-info-trans-people
Progress

• Advocacy organizations such as the National Center for Transgender Equity, National LGBT Health Education Center of the Fenway Institute, the Human Rights Campaign have all created education resources for both LGBTQ people and those serving them in emergences.

• FEMA has updated its definitions of equity and its equity action plan to include sexual and gender minorities.

• The US Commission of Civil Rights included LGBTQ populations in its 2022 study of the response to Hurricanes Harvey and Maria.

• There is more to be done.
Example from the Human Rights Campaign
Considerations for Moving Forward with LGBTQ Inclusion

- Ensure LGBTQ representation in planning committees
- Inclusion of LGBTQ populations in research on impact of climate change
- Advocate for policies that specifically include sexual orientation and gender identity in antidiscrimination provisions
- Provide trainings in LGBTQ specific needs to emergency planners and providers including:
  - Importance of culturally competent emergency services – beyond simple non-discrimination
  - Medical needs of some transgender individuals (access to hormones, binders, and other needs and why it matters)
  - An understanding of the risk of violence and ways to minimize the risk in shelters and other emergency situations
References


Resources


Questions?
“It’s hard to give hope sometimes”:
Climate change, mental health and the challenges for mental health professionals
Brenda O. Hoppe, PhD
NPHL Summit
October 13, 2022
Climate change & mental health pathways

PTSD
Depression
Anxiety

Suicide
Aggression
Psychiatric
hospitalizations

Climate anxiety

Economic and social threats:
E.g., job loss
Migration
Food insecurity

Acute events:
E.g., extreme weather events, wildfire

Chronic changes:
E.g., heat, drought, decreased air quality

Geophysical changes associated with a changing climate

Personal perceptions of risk

Social representations of risk

Clayton S. Climate anxiety: Psychological responses to climate change. J Anxiety Disord. 2020
Climate change is here to stay.

- CO2 hangs around for a long time - between 300-1000 years.
- ~50 years between emission and impact
  - CHANGES NOW ARE TIP OF THE ICEBERG
- Accounts for 75% of the warming impact of current human GHG emissions
Gravity keeps emissions close to earth.

Very close ~ 60 miles

Seen from space, the edge of the Earth is blurred by the pale blue atmosphere. Most dense at the surface, the atmosphere thins with altitude, until it gradually merges with vacuum.

For millennia, atmospheric carbon dioxide had never been above this line.

1950 level

Current level

Source: https://earth.org/data_visualization/a-brief-history-of-co2/
Survey of 10,000 youth from 10 nations

- ¾ felt that the “future is frightening”
- 60% felt “very worried” or “extremely worried”
- ½ said they experienced climate anxiety to a degree that affected their daily lives
- ¼ indicated fear about having children due to the climate crisis.

Health determinants

Existential threat

Climate hazards
“It's Hard to Give Hope Sometimes”: Climate Change, Mental Health, and the Challenges for Mental Health Professionals

Brendalynn O. Hoppe, Leah Prussia, Christie Manning, Kristin K. Raab, and Kelsey V. Jones-Casey

Study Aims

• Is CC impacting MH?
• How is CC impacting MH?
• Who is being impacted?
• What can be done to increase ability of MHPs to provide effective care?
Study Team

- Dr. Leah Prussia, College of St Scholastica
- Dr. Christie Manning, Macalester College
- Dr. Brenda Hoppe, UMN Climate Adaptation Partnership
- Kristin Raab, MN Dept of Health
- Kelsey Jones-Casey, Lakehead University
- MN Mental Health Professionals!

Source: USDA, Wikicommons
Challenges
• CC is not the only crisis
• Longstanding workforce shortage & other gaps
• Needs lagging behind awareness

Strengths
• MHPs well-positioned to comment on CC & MH impacts
• Broad range of MHP respondents
• Actionable feedback to advance MHP capacity

Source: Wikicommons
KAP Survey

- Knowledge, Attitudes & Practice
- Oct-Nov 2019 (delays due to Covid)
- 54 questions:
  - Socio-demographics of provider and client base
  - Knowledge, attitudes on CC & MH impacts
  - Practice behaviors and experience regarding CC impacts
  - Access, needs regarding professional resources

Graphic source: Tungilik, Wikicommons
Results: Who did we hear from?

- 500+ licensed, active practice
- Mostly psychologists, social workers with 15+ years experience
- Most serve adults, 42% serve mainly children or mix of both
- Most serve urban, suburban areas (23% rural, 4% tribal)
**Results: Knowledge & Attitudes**

- **Climate change is a very important problem.**
  - 8% Strongly disagree
  - 5% Disagree
  - 16% Neither agree nor disagree
  - 66% Agree
  - 5% Strongly agree

- **As a mental health professional, I am concerned about impacts on the mental health of my clients from factors and conditions associated with climate change.**
  - 8% Strongly disagree
  - 7% Disagree
  - 11% Neither agree nor disagree
  - 38% Agree
  - 34% Strongly agree

- **I have observed signs of climate change impacting mental health.**
  - 10% Strongly disagree
  - 8% Disagree
  - 20% Neither agree nor disagree
  - 32% Agree
  - 28% Strongly agree

81% 72% 60%
78% agree
“Some populations are more vulnerable to experiencing mental health impacts related to climate change.”
## Results: Practice Experiences

Some of my clients have expressed concerns about climate change directly.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Blanks</th>
</tr>
</thead>
<tbody>
<tr>
<td>16%</td>
<td>17%</td>
<td>11%</td>
<td>30%</td>
<td>24%</td>
<td>54%</td>
</tr>
</tbody>
</table>

Some of my clients would be open to discussing the impact of climate change and related factors and conditions on their mental health as part of their treatment.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Blanks</th>
</tr>
</thead>
<tbody>
<tr>
<td>9%</td>
<td>9%</td>
<td>30%</td>
<td>35%</td>
<td>16%</td>
<td>51%</td>
</tr>
</tbody>
</table>

I have discussed the mental health impacts of climate change with clients.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
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<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Blanks</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>27%</td>
<td>15%</td>
<td>31%</td>
<td>9%</td>
<td>40%</td>
</tr>
</tbody>
</table>

I feel that I do a good job of discussing the mental health impacts of climate change with clients.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Blanks</th>
</tr>
</thead>
<tbody>
<tr>
<td>14%</td>
<td>27%</td>
<td>35%</td>
<td>17%</td>
<td>5%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Mental health professionals are positioned to help communities cope with impacts on their mental health from factors and conditions associated with climate change.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Blanks</th>
</tr>
</thead>
<tbody>
<tr>
<td>6%</td>
<td>13%</td>
<td>19%</td>
<td>42%</td>
<td>18%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Mental health professionals are positioned to help clients cope with impacts on their mental health from factors and conditions associated with climate change.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Blanks</th>
</tr>
</thead>
<tbody>
<tr>
<td>4%</td>
<td>8%</td>
<td>10%</td>
<td>44%</td>
<td>32%</td>
<td>76%</td>
</tr>
</tbody>
</table>
Results: Practice Experiences

- Generalized anxiety: 17% Never, 10% Rarely, 34% Sometimes, 31% Often, 6% Not Sure, 6% blank
- Depression: 20% Never, 10% Rarely, 34% Sometimes, 27% Often, 7% Not Sure, 6% blank
- Chronic psychological distress: 22% Never, 14% Rarely, 38% Sometimes, 17% Often, 7% Not Sure, 6% blank
- Grief reactions: 26% Never, 18% Rarely, 34% Sometimes, 13% Often, 7% Not Sure, 6% blank
- Drug or alcohol abuse: 36% Never, 20% Rarely, 20% Sometimes, 11% Often, 12% Not Sure, 6% blank
- Post-traumatic stress disorder: 43% Never, 16% Rarely, 21% Sometimes, 8% Often, 11% Not Sure, 6% blank
- Loss of identity or decreased sense of self: 30% Never, 26% Rarely, 21% Sometimes, 6% Often, 10% Not Sure, 6% blank
- Suicidal ideation or attempts: 48% Never, 19% Rarely, 15% Sometimes, 7% Often, 10% Not Sure, 6% blank
- Domestic or interpersonal conflicts: 34% Never, 22% Rarely, 26% Sometimes, 9% Often, 9% Not Sure, 6% blank
Results: Support Needs

I am familiar with tools and resources that are intended to assist mental health professionals with treating clients who might suffer from impacts related to climate change factors and conditions.

- Strongly disagree: 17%
- Disagree: 44%
- Neither agree nor disagree: 20%
- Agree: 15%
- Strongly agree: 3%
- Blanks: 18%

I am familiar with tools and resources that are intended to assist mental health professionals with assessing clients who might suffer from impacts related to climate change factors and conditions.

- Strongly disagree: 20%
- Disagree: 46%
- Neither agree nor disagree: 19%
- Agree: 12%
- Strongly agree: 3%
- Blanks: 15%

I am aware of other community level resources, besides one-on-one counseling, that can help individuals cope with mental health impacts from climate change factors and conditions.

- Strongly disagree: 20%
- Disagree: 47%
- Neither agree nor disagree: 19%
- Agree: 12%
- Strongly agree: 2%
- Blanks: 14%

I already have made use of tools and resources to help clients address the mental health impacts of climate change factors and conditions.

- Strongly disagree: 29%
- Disagree: 46%
- Neither agree nor disagree: 14%
- Agree: 9%
- Strongly agree: 1%
- Blanks: 10%

Climate Adaptation Partnership

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Results: Support Needs

- Lack of information and resources targeted to mental health practitioners to assist with client treatment: 182
- Generalized complacency, helplessness, hopelessness, lack of knowledge and discourse in the broader community: 48
- Client’s lack of awareness of or resistance to climate change as an issue of concern or its potential links to mental health impacts: 41
- Politicization: 39
- Other issues take priority: 36
- Respondent’s own resistance to climate change as an issue, its potential links to mental health impacts or that MHPs should be considering impacts on clients: 31
- Respondent’s own grief, fear, sense of helplessness: 26
- Lack of scientific evidence supporting links between climate change and mental health or showing efficacy of treatment strategies: 17
- Lack of time: 11
Lessons Learned for MHPs

- MHPs are concerned, already seeing impacts.
- Low income are especially vulnerable.
- MHPs agree they have a role with clients and communities.
- Clients open to targeted treatment, but MHPs feel unprepared and need more support.

Source: Wikicommons
Climate & Community Mental Health Symposium

April 1st, 2022 hosted by St. Scholastica with MCAP, Macalester College, and NAMI to convene experts with MHPs, exchange information and facilitate discussion on professional needs and challenges.
Dr. Katie Hayes: “Active Hope” (Macy & Johnstone)

“Active hope is required to move hopeful intentions from a passive state where waiting for someone else to take-on the task of addressing the climate change problem is replaced with an active process of climate change mitigation and adaptation behaviours....hope alone cannot provide sufficient protection from the escalating risks of climate change.

This active process occurs when the reality of the problem is acknowledged as is the magnitude of the problem, intentions to address the problem are set, and engaged actions take place.”

Minnesota leading the way in signing up new volunteer weather observers

Andrew Krueger  March 23, 2022

Looking for a fun STEM activity for kids? Children are welcome to participate in CoCoRaHS! Many families & schools have signed up as weather observers. Free training is provided online. Join @CoCoRaHS today at cocorahs.org More info: weather.gov/mpx/2022cocoa... #mnwx #wiwx
Thank you!
bhoppe@umn.edu
Equitable strengthening public health networks to serve those most vulnerable to climate-sensitive hazards

Joe Tabor, Epidemiologist
Pima County Health Department, Tucson AZ
https://www.linkedin.com/in/joetabor/
On behalf of Pima County residents, we honor the tribal nations who have served as caretakers of this land from time immemorial and respectfully acknowledge the ancestral homelands of the Tohono O’odham Nation and the multi-millennial presence of the Pascua Yaqui tribe within Pima County. Consistent with Pima County’s commitment to diversity and inclusion, we strive toward building equal-partner relationships with Arizona’s tribal nations.

PIMA COUNTY
Outline

• Context
• Grant
• Hazard and vulnerable populations
• Geographic and organizational setting
• Design
• Evaluation
• Implementation
Building Resilience Against Climate Effects

- CDC Climate-Ready States & Cities Initiative
- Arizona Department of Health Services, 2 state universities, 4 county health departments.
- 5 year, $40K/yr
- Follow the BRACE framework
- Help communities prepare for the health effects of climate change.
Extreme heat

<table>
<thead>
<tr>
<th>2014-21</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat</td>
<td>1,603</td>
</tr>
<tr>
<td>Winter weather</td>
<td>1,125</td>
</tr>
<tr>
<td>Floods</td>
<td>924</td>
</tr>
<tr>
<td>High wind</td>
<td>541</td>
</tr>
<tr>
<td>Tornados</td>
<td>381</td>
</tr>
<tr>
<td>Hurricanes &amp; tropical storms</td>
<td>260</td>
</tr>
<tr>
<td>Wildfires</td>
<td>225</td>
</tr>
<tr>
<td>Lightning</td>
<td>194</td>
</tr>
</tbody>
</table>

Most vulnerable

- Homeless
- Housed isolated elderly

Pima County heat caused death including undocumented border crossers (UBC)

<table>
<thead>
<tr>
<th>Year</th>
<th>Non-UBC</th>
<th>UBC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>27</td>
<td>29</td>
<td>56</td>
</tr>
<tr>
<td>2021</td>
<td>7</td>
<td>48</td>
<td>55</td>
</tr>
<tr>
<td>2020</td>
<td>19</td>
<td>29</td>
<td>48</td>
</tr>
<tr>
<td>2019</td>
<td>10</td>
<td>25</td>
<td>35</td>
</tr>
</tbody>
</table>

https://injuryfacts.nsc.org/

Pima County Office of Medical Examiner
### Jurisdiction’s calculated priority risk index score for extreme heat in Pima County
(2022 Pima County Multi-Jurisdictional Hazard Mitigation Plan)

<table>
<thead>
<tr>
<th>Participating Jurisdiction</th>
<th>Probability</th>
<th>Magnitude/Severity</th>
<th>Warning Time</th>
<th>Duration</th>
<th>CPRI Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marana</td>
<td>Likely</td>
<td>Limited</td>
<td>12-24 hours</td>
<td>&gt; 1 week</td>
<td>2.65</td>
</tr>
<tr>
<td><strong>Oro Valley</strong></td>
<td>Highly Likely</td>
<td>Limited</td>
<td>&gt; 24 hours</td>
<td>&gt; 1 week</td>
<td><strong>2.95</strong></td>
</tr>
<tr>
<td><strong>Pascua Yaqui Tribe</strong></td>
<td>Highly Likely</td>
<td>Limited</td>
<td>&gt; 24 hours</td>
<td>&lt; 1 week</td>
<td><strong>2.85</strong></td>
</tr>
<tr>
<td>Sahuarita</td>
<td>Highly Likely</td>
<td>Critical</td>
<td>&gt; 24 hours</td>
<td>&gt; 1 week</td>
<td>3.25</td>
</tr>
<tr>
<td>Tucson</td>
<td>Highly Likely</td>
<td>Critical</td>
<td>&gt; 24 hours</td>
<td>&lt; 1 week</td>
<td>3.15</td>
</tr>
<tr>
<td>Unincorporated Pima County</td>
<td>Highly Likely</td>
<td>Critical</td>
<td>12-24 hours</td>
<td>&gt; 1 week</td>
<td>3.40</td>
</tr>
</tbody>
</table>

**County-wide average CPRI = 3.04**

*Jurisdictions in bold chose to mitigate against the hazard*
Design & Evaluation

• Project balance: resources, budget, risk, scope, schedule, quality.
• Learn from others experience.
• ArcGIS Online Survey123 and Hub integrates what 3 organizations doing separately in Maricopa Co BRACE to educate, identify needs, and promote collaboration.
• Collaboration grows at the speed of trust.
• Use proven constructs.
Extreme heat vulnerability analysis framework (Wilhelmi and Hayden, 2010)
Implementation

• Luck favors the prepared
• “Never let a good crisis go to waste”
• “it's an opportunity to do things you think you could not do before.”
• Identify win-win situations.
Issues / Opportunities

• It's hot, you have my attention.
• We aren't cooling centers, but we can be heat respite centers.
• Targeted population not welcomed at facilities potentially used for cooling centers because:
  • Regular client’s discomfort.
  • Concern for the children using facility.
  • Behaviors including sleeping on floor.
• Where are homeless populations.
• Where are potential facilities to recruit – spatial optimization & NAICS codes.
• Identify housed isolated low income elderly & transport them if needed.